MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007411
STATE FILE NUMBER

FILED MAR 11 1963

Registration District No. 164   Primary Registration District No. **3032**   Registrar's No. **39**

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	DATE AMENDED
1 0515	
2 0510	
3	
4 6	
5 0	
6	
7 6	
8 2	
9 763.0	
10	
11	
12 2 - 0	
13 1 - 0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: *INSTEAD OF* *ITEM NO. SHOULD READ*

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN: Warrensburg — Length of stay in 1b: 5 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Warrensburg Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri   b. COUNTY: Johnson
c. CITY OR TOWN: Holden — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Holden, Mo. R.F.D. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)
First: Robert   Middle: Clark   Last: Strange

4. DATE OF DEATH Month March Day 3 Year 1963

5. SEX: male   **6. COLOR OR RACE:** white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/26/63
9. AGE (last birthday):
IF UNDER 1 YEAR: Months / Days 5
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: infant
11. BIRTHPLACE (City and state or country): Warrensburg, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Billy Clark Strange
13b. MOTHER'S MAIDEN NAME: Norma Lee Best
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: XXXX
17. INFORMANT Address: Billy Clark Strange, Holden, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory Arrest	0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pneumonia, Viral, type unknown	11 days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from 27 Feb '63 to 3 March '63 and last saw him alive on 3 March '63. Death occurred at 1.45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W.S. Falkner, M.D.   (Degree or title)
22b. ADDRESS: Warrensburg, Missouri
22c. DATE SIGNED: 3/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/5/1963
23c. NAME OF CEMETERY OR CREMATORY: Holden Cemetery
23d. LOCATION (City, town, or county): Holden, Missouri.

24. FUNERAL DIRECTOR   ADDRESS: Canaday & Ropp, Holden, Missouri
25. DATE RECD. BY LOCAL REG.: Mar. 6, 1963
26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON   BY AFFIDAVIT OF   DOCUMENT

No Permit

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _M. L. Canaday_
        Signature of Student Embalmer

                                            Licensed Embalmer No. 3434

                                            P. O. Address____Holden, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
    If this body is not embalmed, fact should be so stated above.